

Law Offices of David M. Lawler, Inc.
678-690-5292 | 770-200-1542 (fax) | dlawler@dlawler.com

Property Address: _____

Seller's Name(s): _____ & _____

Seller 1 SSN/EIN: _____ DOB: _____

Seller 2 SSN/EIN _____ DOB: _____

Seller's Mailing Address FOLLOWING Closing: _____

Phone: _____ Email: _____

Are the sellers divorced/divorcing? _____ Yes or _____ No?

Are all title holders still alive? _____ Yes or _____ No?

If not, please provide the name of the Deceased party: _____

Will you be physically attending closing? _____ Yes or _____ No?

If "no," select one of the following:

_____ Mail-away closing (\$100) OR

_____ Power-of-Attorney (\$75 doc prep/\$25 recording = \$100)

If using a Power-of-Attorney, which seller(s) will not attend closing?

Who will be signing on their behalf?

List any and all mortgages & home equity lines (contact the office if there are more than two mortgages)

1st Mortgage Company: _____ 2nd Mortgage Company: _____

Acct#: _____ Acct#: _____

Phone #: _____ Phone #: _____

Contact Name (if any): _____ Contact Name (if any): _____

Homeowner's Association (any closing for properties in HOA's require a Closing Letter from that HOA)

Name of the HOA's **Management** Company: _____

(Please do not provide the name of the HOA - but the company that does the billing FOR the HOA.)

Website: _____ Phone #: _____

Check **OR** **Wire**

Name of Bank: _____

Name(s) as appearing on Bank Account: _____

Address on Bank Account at time of closing: _____

WE EXPRESSLY AUTHORIZE OUR LENDER(S) AND/OR CREDITORS TO PROVIDE AND RELEASE ANY INFORMATION REGARDING OUR ACCOUNT(S), INCLUDING PAYOFF INFORMATION, TO THE CLOSING AGENT, DAVID M. LAWLER.

Seller	Date
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